


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90441 037 ****61.25

DOCUMENT # N98000003380							
1. Entity Name REGENCY PLACE HOMEOWNERS' ASSOCIATION, INC.							
Principal Place of Business 5695 BEGGS ROAD SUITE B-100 ORLANDO, FL 32810		Mailing Address 5695 BEGGS ROAD SUITE B-100 ORLANDO, FL 32810					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-3518982			
				Applied For <input type="checkbox"/> Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
SUTHERLAND, THERESA 5695 BOGGS ROAD SUITE B-100 ORLANDO, FL 32810			Name				
			Street Address (P.O. Box Number is Not Acceptable) 5695 Beggs Road				
			City			FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOELING, BRIAN		NAME	Murtha, Pete			
STREET ADDRESS	132 PRINCE CHARLES DR		STREET ADDRESS	122 Prince Charles Drive			
CITY-ST-ZIP	DAVENPORT, FL 33837		CITY-ST-ZIP	Davenport, FL 33837			
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KNIGHT, SEAN		NAME	Cohen, Andrew			
STREET ADDRESS	138 SIR PHILLIPS DR		STREET ADDRESS	457 Lady Diana Drive			
CITY-ST-ZIP	DAVENPORT, FL 33837		CITY-ST-ZIP	Davenport, FL 33837			
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PASTORIN, SPENCER		NAME	Correia, Michael			
STREET ADDRESS	136 KING GEORGE DR		STREET ADDRESS	772 Lady Diana Drive			
CITY-ST-ZIP	DAVENPORT, FL 33837		CITY-ST-ZIP	Davenport, FL 33837			
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MURTHA, PETE		NAME				
STREET ADDRESS	122 PRINCE CHARLES DR		STREET ADDRESS				
CITY-ST-ZIP	DAVENPORT, FL 33837		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CORREIA, MICHAEL		NAME				
STREET ADDRESS	722 LADY DIANA DR		STREET ADDRESS				
CITY-ST-ZIP	DAVENPORT, FL 33837		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Peter J. Murtha</i>		Peter J. Murtha President		4/20/2004 863-420-0520			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			